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ving, progressive organization of the materials in the archives room, are jointly performed by them.

The Secretariat works towards achieving the aims, objectives and mission of the WPA and ensuring success of the Action Plan 2014-2017 (1). We are obliged to President D. Bhugra, President-Elect H. Herrman, the members of the Executive Committee, the Zonal Representatives and the Member Societies for their constant help and support.

Making the Secretariat a global link for the psychiatrists of the world, responsive to their needs and aspirations, is our goal. We hope to work committedly towards this end!

Reference

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The ICD-11 beta draft is available online

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The beta draft of the chapter on mental and behavioural disorders of the eleventh revision of the International Classification of Diseases (ICD-11) is now available online at <http://apps.who.int/classifications/icd11/browse/l-m/en>.

In addition to reading the contents, registered users can actively contribute to the development of the chapter by: a) commenting on the available materials and responding to the comments that have already been made; b) answering some questions about the quality of the materials; c) making proposals of changes or additions to the classification.

The ICD-11 Clinical Descriptions and Diagnostic Guidelines for each disorder will finally contain the following elements: a definition, a set of inclusion and exclusion terms, a description of the essential (required) features, a characterization of the boundary of the disorder with normality (threshold for the diagnosis) and with other disorders (differential diagnosis), a series of coded qualifiers/subtypes, and a description of course features, associated clinical presentations, culture-related features, developmental presentations, and gender-related features (see 1). At present, the beta draft includes the definitions of the

various disorders (summary statements of about 100-125 words each), the inclusion and exclusion terms, and, in some cases, the definitions of qualifiers/subtypes.

From the available materials, registered users are able to appreciate several features of the revised classification that have been already extensively discussed in the scientific literature (e.g., 2-13).

Among them is the introduction of the grouping of disorders specifically associated with stress, including the new categories of complex post-traumatic stress disorder and prolonged grief disorder, and an extensively revised category of adjustment disorder. Acute stress reaction is now characterized as a non-disordered response and classified among “conditions associated with psychosocial circumstances” (see 6).

The definitions and subtyping of personality disorders and bodily distress disorder have also been extensively revised and simplified (see 2,13), and are being lively discussed on the beta draft platform. The grouping of impulse control disorders now includes also pathological gambling and compulsive sexual behaviour disorder (see 11). A new name (“disorders of intellectual development”) and characterization is provided for those conditions that were subsumed under the heading “mental retardation” in the ICD-10 (see 10).

In the definition of schizophrenia, disturbances of self-experience are high-

lighted in addition to those of thinking, perception, cognition, volition and affect. The one month duration criterion is kept, and functional impairment is not mentioned as a mandatory criterion, contrary to the DSM-5. Qualifiers referring to the course of the disorder are introduced. Schizoaffective disorder is characterized cross-sectionally as a disorder in which the diagnostic requirements for schizophrenia and a mood episode are met within the same episode of illness, either simultaneously or within a few days, contrary to the longitudinal characterization of the DSM-5 (see 3).

In the grouping of mood disorders, the concept of mixed episode, characterized by either a mixture or a very rapid alternation of prominent manic and depressive symptoms on most days during a period of at least two weeks, is kept, contrary to the DSM-5 (see 4). The categories of bipolar type II disorder and premenstrual dysphoric disorder are introduced (see 4), and the definition provided for the latter is already being debated on the beta draft platform.

In the grouping of feeding and eating disorders, subtypes of anorexia nervosa “with dangerously low body weight” and “with significantly low body weight” have been included, and the new category of avoidant-restrictive food intake disorder has been introduced (see 5).

Internet-based and clinic-based field studies of the new classification are now

ongoing (see 1). The former are being implemented through the Global Clinical Practice Network, currently including about 12,000 practitioners from all regions of the world. Psychiatrists can register to this network in any of nine languages at www.globalclinicalpractice.net.

The possibility of an interaction between the ICD-11 and the Research Domain Criteria (RDoC) projects is also being considered. Indeed, the main objectives of the two projects (i.e., improving the clinical utility of psychiatric diagnoses for the former; exploring in an innovative way the etiopathogenetic underpinnings of psychopathology for the latter) can be regarded as complementary, and much can be done to reduce the current gap between the RDoC constructs and some clinical phenomena that psychiatrists encounter in their ordinary clinical practice, especially in the area of psychoses (see 14-26).

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